REPORT OF TREATMENT FOR LATENT TB INFECTION

State Form 49894 (R3/7-07)
Indiana State Department of Health
Information contained on this form is confidential under IC 16-41-8-1

INSTRUCTIONS: 1. Submit only for persons being treated for latent TB infection who are requesting drugs through ISDH.
2. Submit with prescriptions to local health department.
3. Do not use to report verified or suspected cases of TB disease.

1. **Name *(last/first)*:**_____, _____
2. **Address :**_____
   City:_____
   County:_____ **ZIP Code:**_____
3. **Phone: ( )**_____
4. **Date of birth:** _____ **5. Sex:** ☐ Male ☐ Female

Referred from: _____
Clinic: _____
Submitted by: _____
Phone: _____
Date submitted: _____

6. **Country of birth:** _____ If foreign-born, year entered the U.S. _____ Refugee: ☐ Yes ☐ No

7. **Race *(check all that apply):*** ☐ White ☐ Black or African American ☐ Asian ☐ American Indian/Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Multi-Racial

8. **Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

9. **Tuberculin skin test results:** Date given _____ Date read _____ Induration size _____ mm

Note: Do not consider as a positive reaction or a candidate for treatment if induration is <15mm **and** there are no risk factors.

10. Based on risk factors for TB exposure or for progression to active disease, this patient belongs to which of the following groups?

- ☐ Negative *(<5mm)* initial skin test, but is a high-risk, close contact of an infectious case of TB. Treatment is recommended until latent TB infection is ruled out *(i.e., HIV+, child <4, other high-risk medical conditions)*
- **≥5mm of induration is positive for:** ☐ HIV-positive ☐ Recent contact to an infectious TB case ☐ Chest x-ray consistent with old healed TB ☐ Organ transplant recipient or other immunosuppressive therapy or disorder
- **≥10mm of induration is positive for:**

☐ Born in a high-prevalence country
☐ Injection drug user
☐ Resident or employee of a high-risk congregate setting
☐ Persons with certain high-risk medical conditions
☐ Children < 4 years of age
☐ Children & adolescents exposed to high-risk adults
☐ Mycobacteriology laboratory personnel
☐ Recent *(within the last 2 years)* conversion to TST +
☐ Substance abuse, including alcohol
☐ Lived in high-prevalence areas of the U.S. or other country

- ☐ **No known risk factors** *(≥15mm of induration is positive for this group)*

11. HIV status: ☐ Positive ☐ Negative ☐ Tested, results pending ☐ Test offered but refused ☐ Test not offered

12. Name of active case this patient is a contact of, if known: _____

13. Chest x-ray date: _____ **Results**: ☐ Normal ☐ Abnormal, but with no evidence of active TB disease ☐ Abnormal, with stable fibrotic lesions consistent with old, healed TB

14. Drug regimen *(see other side)*:_____ for _____ months

15. Reason for TB screening if patient has no risk factors: _____

ONLY REGIMENS RECOMMENDED BY THE AMERICAN THORACIC SOCIETY WILL BE PROVIDED *(SEE OTHER SIDE)*.

FOR LOCAL HEALTH DEPARTMENT USE ONLY
Date received _____
Received by _____
Phone _____

Send with ISDH Drug Request Form and prescription to:
Indiana State Department of Health
2 North Meridian Street, Section 6-A
Indianapolis, IN 46204 Phone: (317) 233-7434 Fax: (317) 233-7747

RECOMMENDED TREATMENT REGIMENS FOR LATENT TB INFECTION

Drug	Interval and Duration	Adult Dosage (max)	Criteria for Completion	Comments
INH	Daily for 9 months	5 mg/kg (300 mg)	270 doses within 12 months	Preferred regimen for all persons regardless of age or HIV status. For HIV-infected patients, PIs, NRTIs, and NNRTIs may be safely co-administered with INH. DOT must be used with twice-weekly dosing.
	Twice weekly for 9 months	15 mg/kg (900 mg)	76 doses within 12 months	
INH	Daily for 6 months	5 mg/kg (300 mg)	180 doses within 9 months	Offer only if preferred or alternate regimens are not feasible. Not indicated for patients with HIV infection or fibrotic lesions on chest x-ray. Not indicated for children. DOT must be used for twice-weekly dosing.
	Twice weekly for 6 months	15 mg/kg (900 mg)	52 doses within 9 months	
RIF	Daily for 4 months*****	10 mg/kg (600 mg)	120 doses within 6 months	May use for contacts to INH-resistant, RIF susceptible TB For persons who cannot tolerate INH or PZA. Not recommended for twice-weekly dosing.

*The American Academy of Pediatrics currently recommends that children receiving RIF should be treated for 6 months

Standard adult dosages: INH = 300 mg daily; RIF = 600 mg daily

Pediatric dosages: INH daily: 10-15 mg/kg, 300mg max; INH twice weekly: 20-30 mg/kg, 900 mg max.
RIF *(daily only):* 10-20 mg/kg, 600 mg max.

Abbreviations: INH = isoniazid, RIF = rifampin, PZA = pyrazinamide, NRTIs = nucleoside reverse transcriptase inhibitors, NNRTIs = non-nucleoside reverse transcriptase inhibitors, PIs = protease inhibitors; DOT = directly observed therapy

Pregnancy: INH regimens are preferred for pregnant women. For HIV + pregnant women, consult an expert.

MDR-TB: consultation with an expert is required if the patient was exposed to a confirmed case of multi-drug resistant TB *(resistant to both INH and RIF).*

Pyridoxine *(Vitamin B_6)* may be given with INH to prevent peripheral neuropathy in susceptible adult patients. Adult dose is 50 mg/day. It should be used for exclusively breast-fed babies, children with poor diets, or adolescents and any children who report symptoms of peripheral neuropathy.

Liquid INH should be avoided due to cramping and diarrhea that can be caused by its high osmotic load. Try crushing the tablet and mixing it with food or liquid.